

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	4		4			
6	4		4			
7	4		4			
8	4		4			
9	4		4			
10	4		4			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16			4			
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TOTAL IND.			4			
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			37			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS			37			

BEST AVAILABLE COPY